

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name NEURO-ENDOCEUTICALS, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 82-2490496

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

4745 Dixie Dr.
Port Orange, FL 32127

Number, Street, City, State & ZIP Code

PO BOX 290186
Port Orange, FL 32129

P.O. Box, Number, Street, City, State & ZIP Code

Volusia

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.naturalhempextracts.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 6, 2019**
MM / DD / YYYY**X /s/ MICHAEL N. MEMBRINO**
Signature of authorized representative of debtor

Title **Manager****MICHAEL N. MEMBRINO**
Printed name**18. Signature of attorney****X /s/ Bryan K. Mickler FBN**
Signature of attorney for debtorDate **August 6, 2019**
MM / DD / YYYY**Bryan K. Mickler FBN 091790**
Printed name**Law Offices of Mickler & Mickler, LLP**
Firm name**5452 Arlington Expy.
Jacksonville, FL 32211**
Number, Street, City, State & ZIP CodeContact phone **904-725-0822**Email address **court@planlaw.com****FBN 091790 FL**
Bar number and State

Fill in this information to identify the case:Debtor name NEURO-ENDOCEUTICALS, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 6, 2019**X /s/ MICHAEL N. MEMBRINO**

Signature of individual signing on behalf of debtor

MICHAEL N. MEMBRINO

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ava Cool 552 East Charleston Blvd. Las Vegas, NV 89104						\$23,000.00
Connex Orlando, Inc. 890 Lyns Dr. Longwood, FL 32750						\$515.00
Fedex Shipping 942 South Shady Grove Road Memphis, TN 38120						\$4,000.00
Fundox Inc. 300 Montgomery St, San Francisco, CA 94104		open account				\$3,250.00
George TZIMAPITIS 2900 TIMBERCHASE TRL Littleton, CO 80160						\$5,000.00
Gina Mewes, LLC 300 Pettigru St. Greenville, SC 29601						\$500.00
Ibex Funding, LLC 116 Nassau St. #804 New York, NY 10038						\$10,000.00
Labor Finders 1008 South French Ave. Sanford, FL 32771						\$126.16
Managed Print Solutions 2650 Metro Blvd Maryland Heights, MO 63043						\$345.00

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Missouri Department of Reven Harry S Truman State Office 301 West High Street Jefferson City, MO 65101		possible employee withholding taxes				\$3,000.00
Multivision Financial 825 East 800 Orem, UT 84097						\$8,128.49
Pro Image Solutions 407 Wekiva Springs Rd. #245 Longwood, FL 32779						\$307.00
Quest Financial 18837 Brookhurst St #300 Fountain Valley, CA 92708						\$12,000.00
Scott A. Beaumont 1821 Beacon St. New Smyrna Beach, FL 32169		loan				\$420,000.00
Thompson Printing 601 Kingshighway Saint Charles, MO 63301						\$250.00
Truffly Made Inc P.O. Box 180072 Coronado, CA 92118		possible charge for return of molds				\$20,000.00
TWIN VALLEY CAPITAL, LLC 13013 TRAVE WAY Jacksonville, FL 32246				\$152,000.00	\$0.00	\$152,000.00

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **169,562.93****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **169,562.93****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **152,000.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **3,000.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **507,421.65****4. Total liabilities**
Lines 2 + 3a + 3b\$ **662,421.65**

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Suntrust Bank****checking****2641****\$3,634.93****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,634.93**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **Deposit on leased facility in Missouri****\$2,000.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$2,000.00

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (If known) _____

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Xerox Work Station - leased	\$0.00		\$0.00
	5 desktop computers, 2 laptops, server	\$0.00		\$5,000.00
	supplies including paper, staplers, papergoods, etc.	\$0.00		\$250.00
	lab equipment - see attached list	\$0.00		\$25,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$30,250.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.

Debtor NEURO-ENDOCEUTICALS, LLC
Name

Case number (If known) _____

☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Zenexel brand name of supplements and industrial hemp products	\$0.00		\$0.00
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.

	Current value of debtor's interest
71. Notes receivable Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	

Debtor NEURO-ENDOCEUTICALS, LLC
Name

Case number (If known) _____

Potential Cause of Action against Boston Fruit Slice and Confectionary Corp for breach of NDA and theft of intellectual property**Unknown**Nature of claim trade secret
Amount requested \$0.00**Potential claims against John Timmerman, Mike McCay, John Hentsel and Nicole Coffell for interference with landlord and other business relationships****\$0.00**Nature of claim potential interference
Amount requested \$0.00

- 75.
- Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

refund owed by Can-Tek labs for machine part returned**\$12,500.00**Nature of claim refund due
Amount requested \$12,500.00**Reserve Infusables amount owed for defective molds****\$20,000.00**Nature of claim refund/claim
Amount requested \$0.00

- 76.
- Trusts, equitable or future interests in property**

- 77.
- Other property of any kind not already listed**
- Examples: Season tickets, country club membership*

- 78.
- Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$32,500.00

- 79.
- Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No☐ Yes

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,634.93	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$2,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$30,051.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$71,127.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$30,250.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$32,500.00	
91. Total. Add lines 80 through 90 for each column	\$169,562.93	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$169,562.93

Neuro-Endoceuticals LLC

A/R AGING DETAIL

As of August 6, 2019

DATE	TRANSACTION TYPE	NUM	CUSTOMER	DUE DATE	AMOUNT	OPEN BALANCE
91 or more days past due						
01/23/2019	Payment	1039	Reserve Infusibles	01/23/2019	-3,138.31	-41.69
04/04/2019	Payment	Paypal	Cbddy	04/04/2019	-114.98	-89.84
05/01/2019	Invoice	1745	Steve Poznak	05/01/2019	296.00	296.00
Total for 91 or more days past due					\$ -2,957.29	\$164.47
31 - 60 days past due						
06/07/2019	Invoice	1804	Dr Neal Wieder	06/07/2019	500.00	500.00
06/11/2019	Invoice	1809	Jamie ` Lillethorup	06/11/2019	23.40	23.40
06/12/2019	Invoice	1811	Dr Neal Wieder	06/12/2019	365.00	365.00
06/04/2019	Invoice	1798	New Smyrna Beach Wellness	06/25/2019	861.00	861.00
06/25/2019	Invoice	1822	K Medical	06/25/2019	1,375.95	1,375.95
06/26/2019	Invoice	1824	Jess Savala	06/26/2019	184.40	184.40
07/03/2019	Invoice	1834	Florida Pain Care	07/03/2019	663.45	663.45
Total for 31 - 60 days past due					\$3,973.20	\$3,973.20
1 - 30 days past due						
07/11/2019	Invoice	1846	NeoMatrix Medical	07/11/2019	396.00	396.00
07/11/2019	Invoice	1847	Missouri Hemp Co	07/11/2019	3,469.50	3,469.50
07/18/2019	Invoice	1860	Debbies Health Foods Orange City	07/18/2019	816.00	816.00
07/10/2019	Invoice	1840	Brandon Louong	07/20/2019	483.75	483.75
07/10/2019	Invoice	1841	April Murray	07/20/2019	483.75	483.75
07/10/2019	Invoice	1842	Cayla Slaughter	07/20/2019	483.75	483.75
07/10/2019	Invoice	1843	Julie Doria	07/20/2019	483.75	483.75
07/21/2019	Invoice	1863	Marcie Kaplan	07/21/2019	271.54	271.54
07/24/2019	Invoice	1865	Fred & Maryann	07/24/2019	608.95	9.01
07/10/2019	Invoice	1838	Advanced Pain Medical Center	07/25/2019	2,505.00	2,505.00
07/26/2019	Invoice	1872	Dr Neal Wieder	07/26/2019	225.00	225.00
07/26/2019	Invoice	1873	Florida Pain Care	07/26/2019	265.00	265.00
07/26/2019	Invoice	1875	Mark	07/26/2019	842.45	323.70
07/29/2019	Invoice	1876	Mike Kramer	07/29/2019	66.00	66.00
07/29/2019	Invoice	1878	Debbies Health Foods Orange City	07/29/2019	217.00	217.00
07/30/2019	Invoice	1883	NeoMatrix Medical	07/30/2019	156.00	156.00
07/30/2019	Invoice	1882	Jacque Whaunbush	07/30/2019	3,110.00	3,110.00
07/02/2019	Invoice	1830	NeoMatrix Medical	08/01/2019	110.00	110.00
Total for 1 - 30 days past due					\$14,993.44	\$13,874.75
Current						
07/12/2019	Invoice	1848	Deland Natural Market	08/11/2019	607.00	607.00
07/29/2019	Invoice	1871	Missouri Hemp Co	08/13/2019	4,088.25	4,088.25
07/17/2019	Invoice	1855	Deland Natural Market	08/16/2019	1,180.00	1,180.00
01/04/2019	Invoice	1511	Wellness Florida	01/04/2020	4,351.50	2,851.50
01/30/2019	Invoice	1562	Wellness Florida	01/30/2020	45.00	45.00
03/22/2019	Invoice	1679	Wellness Florida	03/21/2020	2,343.90	2,343.90
05/21/2019	Invoice	1770	Wellness Florida	05/20/2020	923.74	923.74
Total for Current					\$13,539.39	\$12,039.39

DATE	TRANSACTION TYPE	NUM	CUSTOMER	DUE DATE	AMOUNT	OPEN BALANCE
TOTAL					\$29,548.74	\$30,051.81

INVENTORY TEMPLATE

SKU #	ITEM NAME	PRODUCT DETAIL	QTY IN STOCK	QTY REQUIRED	QTY ORDERED	ORDER LOCATION													
	9950	CBD Tincture - 250 mg	Full Spec - 0.2% THC - 250 mg ACTIVE; Mint; 30 ml	7															
	9951	CBD Tincture -500 mg	Full Spec - 0.2% THC - 500 mg ACTIVE; Mint; 30 ml	0															
	9952	CBD Tincture - 750 mg	Full Spec - 0.2% THC - 750 mg ACTIVE; Mint; 30 ml	0															
	9953	CBD Tincture - 1000 mg	Full Spec - 0.2% THC - 1000 mg ACTIVE; Mint 30 ml	11															
	A9953	CBD Tincture - 1000 mg	Full Spec - 0.2% THC - 1000 mg ACTIVE; Mint 30 ml AMAZON	16															
	9960	CBD Tincture - 1500 mg	Full Spec - 0.2% THC - 1500 mg ACTIVE; Mint 30 ml	12															
	9954	CBD Tincture - 2000 mg	Full Spec - 0.2% THC - 2000 mg ACTIVE; Mint 30 ml	0															
	9956	CBD Tincture - 2500 mg	Full Spec - 0.2% THC - 2500 mg ACTIVE; Mint 30 ml	0															
	9955	CBD Tincture - 3000 mg	Full Spec - 0.2% THC - 3000 mg ACTIVE; Mint 30 ml	0															
	9957	CBD Tincture - 4000 mg	Full Spec - 0.2% THC - 4000 mg ACTIVE; Mint 30 ml	0															
	9958	CBD Tincture - 5000 mg	Full Spec - 0.2% THC - 5000 mg ACTIVE; Mint 30 ml	0															
	9959	CBD Tincture - 6000 mg	Full Spec - 0.2% THC - 6000 mg ACTIVE; Mint 30 ml	0															
																			</

[illegible]

Neuro Lab Equipment

5 x Automated Oil filling machines
1 x gummy depositor plus molds
150 x flasks, pans, utensils, pots, pans, kettles
30 x Stainless Trays
1 x vertical tray shelf system on wheels
8 x stainless surgical steel tables
1 x burner system (gas)
2 x burner (electric)
electric heat water bath

Neuro Inventory – raw materials

Hemp raw materials
Topical raw materials
Edible raw materials
Miscellaneous raw materials (carrier oils, etc)

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	TWIN VALLEY CAPITAL, LLC <small>Creditor's Name</small> 13013 TRAVE WAY Jacksonville, FL 32246 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 7/2019 Last 4 digits of account number 2980 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien UCC1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152,000.00	\$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$152,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Ian Kimpling 2 Berry Hill Court Saint Charles, MO 63303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: possible claim for wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address John Hensel 34 N. Brentwood Blvd. Ste. #3 Saint Louis, MO 63105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: possible claim for wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (if known)

2.3	Priority creditor's name and mailing address Missouri Department of Reven Harry S Truman State Office 301 West High Street Jefferson City, MO 65101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,000.00	\$3,000.00
Date or dates debt was incurred _____		Basis for the claim: possible employee withholding taxes		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Nicole Coffell 2325 N. Pointe Lane Florissant, MO 63031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: possible claim for wages		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Ava Cool 552 East Charleston Blvd. Las Vegas, NV 89104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,000.00
3.2	Nonpriority creditor's name and mailing address Connex Orlando, Inc. 890 Lyns Dr. Longwood, FL 32750 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$515.00
3.3	Nonpriority creditor's name and mailing address Fedex Shipping 942 South Shady Grove Road Memphis, TN 38120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

Name

3.4 Nonpriority creditor's name and mailing address

**Fundox Inc.
300 Montgomery St,
San Francisco, CA 94104**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: open accountIs the claim subject to offset? ☒ No ☐ Yes**\$3,250.00**

3.5 Nonpriority creditor's name and mailing address

**George TZIMAPITIS
2900 TIMBERCHASE TRL
Littleton, CO 80160**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$5,000.00**

3.6 Nonpriority creditor's name and mailing address

**Gina Mewes, LLC
300 Pettigru St.
Greenville, SC 29601**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$500.00**

3.7 Nonpriority creditor's name and mailing address

**Ibex Funding, LLC
116 Nassau St.
#804
New York, NY 10038**Date(s) debt was incurred 8/2019Last 4 digits of account number 2083As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$10,000.00**

3.8 Nonpriority creditor's name and mailing address

**Labor Finders
1008 South French Ave.
Sanford, FL 32771**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$126.16**

3.9 Nonpriority creditor's name and mailing address

**LEDJ/Reserve Infusibles
125 Horry Street NE
Aiken, SC 29802**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.10 Nonpriority creditor's name and mailing address

**Managed Print Solutions
2650 Metro Blvd
Maryland Heights, MO 63043**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes**\$345.00**

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

3.11	Nonpriority creditor's name and mailing address Multivision Financial 825 East 800 Orem, UT 84097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,128.49
3.12	Nonpriority creditor's name and mailing address Pro Image Solutions 407 Wekiva Springs Rd. #245 Longwood, FL 32779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307.00
3.13	Nonpriority creditor's name and mailing address Quest Financial 18837 Brookhurst St #300 Fountain Valley, CA 92708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
3.14	Nonpriority creditor's name and mailing address Scott A. Beaumont 1821 Beacon St. New Smyrna Beach, FL 32169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420,000.00
3.15	Nonpriority creditor's name and mailing address Thompson Printing 601 Kingshighway Saint Charles, MO 63301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.16	Nonpriority creditor's name and mailing address Truffly Made Inc P.O. Box 180072 Coronado, CA 92118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>possible charge for return of molds</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **NEURO-ENDOCEUTICALS, LLC**
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5a. \$ **3,000.00**

5b. + \$ **507,421.65**

5c. \$ **510,421.65**

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease of office and warehouse space at 1 Corporate Woods Dr., Earth City, MO 63044**State the term remaining **Until April, 2020**

List the contract number of any government contract _____

**Don Davidson
13930 Missouri Bottom Road
Bridgeton, MO 63044**2.2. State what the contract or lease is for and the nature of the debtor's interest **Xerox work center lease**State the term remaining **43 months**

List the contract number of any government contract _____

**Time Payment
1600 District Ave
#200
Burlington, MA 01803**

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Aswinder Suri****125 MIDDLE STREET
Lake Mary, FL 32746****Fundox Inc.**☐ D _____☒ E/F **3.4**☐ G _____**2.2 Aswinder Suri****125 MIDDLE STREET
Lake Mary, FL 32746****TWIN VALLEY
CAPITAL, LLC**☒ D **2.1**☐ E/F _____☐ G _____**2.3 Michael
Membrino****1437 Dandelion Dr.
Deltona, FL 32725****Ibex Funding, LLC**☐ D _____☒ E/F **3.7**☐ G _____**2.4 Michael
Membrino****1437 Dandelion Dr.
Deltona, FL 32725****Multivision Financial**☐ D _____☒ E/F **3.11**☐ G _____**2.5 Michael
Membrino****1437 Dandelion Dr.
Deltona, FL 32725****Quest Financial**☐ D _____☒ E/F **3.13**☐ G _____

Fill in this information to identify the case:Debtor name **NEURO-ENDOCEUTICALS, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**

Check all that apply

☐ Operating a business☒ Other **sales****Gross revenue**

(before deductions and exclusions)

\$350,000.00**For prior year:**From **1/01/2018** to **12/31/2018**☐ Operating a business☒ Other **sales****\$296,000.00****For year before that:**From **1/01/2017** to **12/31/2017**☒ Operating a business☒ Other **Started business
8/2017 minimal
income****\$30,000.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from****each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Theft from warehouse of product		5/2019	\$600.00

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of Mickler & Mickler, LLP 5452 Arlington Expy. Jacksonville, FL 32211	\$4283 Attorney Fees; \$1717 costs	8/2019	\$6,000.00

Email or website address
court@planlaw.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

Address	Dates of occupancy From-To
14.1. 125 Middle St. #127 Lake Mary, FL 32746	2017 until 3/2019

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Don Davidson 1 Corporate Woods Dr. Bridgeton, MO 63044	Aswinder Suri PO BOX 290186 Port Orange, FL 32129	Bottled industrial hemp supplements owned by Earth's Natural Minerals - currently locked by landlord due to default	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Earth's Natural Minerals 125 Middle St. #127 Lake Mary, FL 32746	1 Corporate Woods Dr. Bridgeton, MO 63044	Bottled CBD Oil owned by sister corporate	\$1,000,000.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address**Date of service
From-To**

26a.1. **Gina Mewes, LLC
300 Pettigru St.
Greenville, SC 29601**

2017 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **Gina Mewes, LLC
300 Pettigru St.
Greenville, SC 29601**

26c.2. **Aswinder Suri
PO BOX 290186
Port Orange, FL 32129**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Aswinder Suri	6/2019	

Name and address of the person who has possession of inventory records

Aswinder Suri
125 MIDDLE STREET
Lake Mary, FL 32746

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Aswinder Suri	125 MIDDLE STREET Lake Mary, FL 32746	shareholder	84
David M. Timmerman	2227 Bentley Manor Drive Fenton, MO 63026	shareholder	10
Michael Membrino	1437 Dandelion Dr. Deltona, FL 32725	Managing Member	5
Richard Hastings	2620 NW 26th St. Oklahoma City, OK 73107	shareholder	1%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Joseph Hutchinson		Manager	8/2018 until 4/8/2019
Aswinder Suri	125 MIDDLE STREET Lake Mary, FL 32746	manager	8/2017 Until 7/2/2018

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Debtor **NEURO-ENDOCEUTICALS, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Aswinder Suri 125 MIDDLE STREET Lake Mary, FL 32746	\$95,780.04	monthly average of approx \$8000 last 12 months	Distribution
	Relationship to debtor shareholder			
30.2	Michael Membrino 1437 Dandelion Dr. Deltona, FL 32725	\$21,000	monthly average of approximately \$1750 over the last 2 months	salary
	Relationship to debtor Manager			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 6, 2019****/s/ MICHAEL N. MEMBRINO**

Signature of individual signing on behalf of the debtor

MICHAEL N. MEMBRINO

Printed name

Position or relationship to debtor **Manager**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Middle District of Florida**

In re NEURO-ENDOCEUTICALS, LLC

Debtor(s)

Case No.
Chapter11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Aswinder Suri 125 MIDDLE STREET Lake Mary, FL 32746	common	84	owner
David M. Timmerman 2227 Bentley Manor Drive Fenton, MO 63026	common	10	owner
Michael Membrino 1437 Dandelion Dr. Deltona, FL 32725	common	5	owner
Richard Hastings 2620 NW 26th St. Oklahoma City, OK 73107	common	1	owner

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 6, 2019Signature /s/ MICHAEL N. MEMBRINO
MICHAEL N. MEMBRINO

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Middle District of Florida**

In re **NEURO-ENDOCEUTICALS, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Manager of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **August 6, 2019**

/s/ MICHAEL N. MEMBRINO

MICHAEL N. MEMBRINO/Manager

Signer/Title

NEURO-ENDOCEUTICALS, LLC
PO BOX 290186
Port Orange, FL 32129

Gina Mewes, LLC
300 Pettigru St.
Greenville, SC 29601

Multivision Financial
825 East 800
Orem, UT 84097

Bryan K. Mickler FBN
Law Offices of Mickler & Mickler, LLP
5452 Arlington Expy.
Jacksonville, FL 32211

Ian Kimpling
2 Berry Hill Court
Saint Charles, MO 63303

Nicole Coffell
2325 N. Pointe Lane
Florissant, MO 63031

Aswinder Suri
125 MIDDLE STREET
Lake Mary, FL 32746

Ibex Funding, LLC
116 Nassau St.
#804
New York, NY 10038

Pro Image Solutions
407 Wekiva Springs Rd.
#245
Longwood, FL 32779

Ava Cool
552 East Charleston Blvd.
Las Vegas, NV 89104

John Hensel
34 N. Brentwood Blvd.
Ste. #3
Saint Louis, MO 63105

Quest Financial
18837 Brookhurst St
#300
Fountain Valley, CA 92708

Connex Orlando, Inc.
890 Lyns Dr.
Longwood, FL 32750

Labor Finders
1008 South French Ave.
Sanford, FL 32771

Scott A. Beaumont
1821 Beacon St.
New Smyrna Beach, FL 32169

Don Davidson
13930 Missouri Bottom Road
Bridgeton, MO 63044

LEDJ/Reserve Infusibles
125 Horry Street NE
Aiken, SC 29802

Thompson Printing
601 Kingshighway
Saint Charles, MO 63301

Fedex Shipping
942 South Shady Grove Road
Memphis, TN 38120

Managed Print Solutions
2650 Metro Blvd
Maryland Heights, MO 63043

Time Payment
1600 District Ave
#200
Burlington, MA 01803

Fundox Inc.
300 Montgomery St,
San Francisco, CA 94104

Michael Membrino
1437 Dandelion Dr.
Deltona, FL 32725

Truffly Made Inc
P.O. Box 180072
Coronado, CA 92118

George TZIMAPITIS
2900 TIMBERCHASE TRL
Littleton, CO 80160

Missouri Department of Reven
Harry S Truman State Office
301 West High Street
Jefferson City, MO 65101

TWIN VALLEY CAPITAL, LLC
13013 TRAVE WAY
Jacksonville, FL 32246

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Middle District of Florida

In re **NEURO-ENDOCEUTICALS, LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	4,283.00
Balance Due	\$	10,717.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 6, 2019

Date

/s/ Bryan K. Mickler FBN

Bryan K. Mickler FBN 091790

Signature of Attorney

Law Offices of Mickler & Mickler, LLP

5452 Arlington Expy.

Jacksonville, FL 32211

904-725-0822 Fax: 904-725-0855

court@planlaw.com

Name of law firm

**United States Bankruptcy Court
Middle District of Florida**

In re **NEURO-ENDOCEUTICALS, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **NEURO-ENDOCEUTICALS, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

August 6, 2019

Date

/s/ Bryan K. Mickler FBN

Bryan K. Mickler FBN 091790

Signature of Attorney or Litigant

Counsel for **NEURO-ENDOCEUTICALS, LLC**

Law Offices of Mickler & Mickler, LLP

5452 Arlington Expy.

Jacksonville, FL 32211

904-725-0822 Fax: 904-725-0855

court@planlaw.com